

FOR DEPARTMENT USE ONLY

LICENSE NUMBER: _____

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P.O. DRAWER E
DOVER, DE 19903-1565
(302) 744-2715

FOR DEPARTMENT USE ONLY

FEE \$5.00

YEAR ENDING: _____

APPLICATION FOR RETAIL MOTOR FUEL DEALER LICENSE

Please check the appropriate box: ☐ New application ☐ Renewal application

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Federal Employer Identification Number or individual proprietor's Social Security Number: _____

2. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐
Limited Liability Company ☐ S Corporation ☐

3. State of Incorporation? _____
If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

4. Date you began operations in Delaware: _____

5. Business name of Retail Dealer: _____ Business telephone: _____

6. Trade name of station: _____ Station telephone: _____

7. Mailing address Street or P. O. Box: _____
City: _____ County: _____ State: _____ Zip Code: _____

8. Physical station address Street: _____
City: _____ County: _____ State: _____ Zip Code: _____

9. If we have questions regarding this application, or the station, who should we contact?
Name: _____ Title: _____ E-Mail: _____
Telephone number: _____ Fax Number: _____

10. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

			-			-					
			-			-					
			-			-					
			-			-					

11. Will this location be operated by company personnel, a subsidiary company, or a commissioned agent of a manufacturer of petroleum products as defined by the Office of Retail Gasoline Sales Law (6 Del C, c. 29, § 2901(5))?

Yes ☐ No ☐ Please note: per c. 29, Section 2905(a), a manufacturer of petroleum products is prohibited from opening a retail gasoline outlet that would be operated by company personnel, a subsidiary company, or a commissioned agent.

12. Will the fuel be sold under the brand name or trademark of the manufacturer or distributor of the fuel?

Yes (branded) ☐ No (unbranded) ☐ If Yes, please indicate the brand name _____

13. Type of retail station operated in Delaware: (check one)

Dealer Station <input type="checkbox"/>	Commissioned/Consignment Station <input type="checkbox"/>	Company Owned & Operated Station <input type="checkbox"/>
Other <input type="checkbox"/> Please specify "Other" type: _____		

14. Please provide the following information for this location:

Fuel Type:	# of Hoses:	Total Storage Capacity:	Fuel Type:	# of Hoses	Total Storage Capacity
Gasoline	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	LPG	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Diesel (clear)	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	Jet Fuel	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Diesel (dyed)	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	CNG	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Kerosene (clear)	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	Gasahol	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Kerosene (dyed)	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	Race Gas	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Aviation Gasoline	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	Other _____	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>

Full Service only? Yes ☐ No ☐ Self Service only? Yes ☐ No ☐ Both? Yes ☐ No ☐

Are you aware of the Americans With Disabilities Act, pertaining to provision of assistance at self-serve gas stations? Yes ☐ No ☐

15. Will this location operate as a marina, providing gasoline to watercraft? Yes ☐ No ☐

16. Please list the supplier name/address that will be delivering gasoline and/or special fuel to this station:

Supplier Name:	Supplier Street Address/City/State/Zip Code:	Fuel Type:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Has the applicant, or the applicant's individual partners or corporate officers, ever applied for a Delaware Retail Motor Fuel Dealer license in the past? Yes ☐ No ☐ N/A ☐

If yes, under what name: _____ If yes, please specify what calendar year: _____

18. Does this application involve a change in the company's legal name or identification number? Yes ☐ No ☐ If yes, list the following: Company name _____

Federal employer identification number or social security number: _____

19. Does the application involve the takeover and continuation of another business? Yes ☐ No ☐ If yes, list the following: Company name _____

Federal employer identification number or social security number: _____

20. Have all persons responsible for reportable fuel activity read the Office of Retail Gasoline Sales Law and Regulations (6 Del C, c 29), and the Motor Fuel Tax Act (30 Del C, c. 51, § 5101, 5102, 5108, 5122, 5123, 5124, and 5128)? Do these persons understand these provisions? Yes ☐ No ☐

DECLARATION

I (We) hereby make an application for a Retail Motor Fuel Dealer License for the place of business as indicated above. I (We) hereby attest that all products sold at this station shall be in conformity with State standards, and that no water or other adulterants shall be added to any oil or gasoline products, and that the chemical composition of products shall not be changed except after notice to the Motor Fuel Tax Administration. I (We) certify under penalties of perjury that the answers made herein are, to the best of my (our) knowledge and belief, true and correct.

Authorized Name (Please Print)	Authorized Signature
Authorized Individual Title	Date of Application